NAME OF PROVIDER OR SUPPLIER KINSTON ASSISTED LIVING (X4) ID PRETX REGULATORY OR LSC IDENTIFYING INFORMATION) (C 000) Initial Comments This report is of a Follow Up Survey done by Bob Getchell on June 8, 2016. The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required. (C 184) Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0300 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (e) This Rule is not met as evidenced by: 2. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings kept clean and in good repair; Followup Findings on June 8, 2016: a. The carpet at the door to Bedroom 102 was worn away. Interview and record review revealed the facility has accepted a quote for the earpet replacement scheduled for week of June 27, 2016. (C 189) Building Equipment Maintained Safe, Operating (C 189) SIRPER AROPT PROVIDERS PLAN OF CORRECTION (REACH TO THE APPROPRIATE DATE OF CROSS REFER LIGOT OT THE APPROPRIATE DATE OF CROSS REFER LIGOT OT SHOULD CROSS REFER LIGOT OT S	STATEMENT	Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL054062		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING		(X3) DATE SURVEY COMPLETED R 06/08/2016	
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	{C 189	Building Equipme	ent Maintained Safe, Operating	(C 189)			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

RLC

(X6) DATE

STATE FORM

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If continuation sheet 1 of 2

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL054062 06/08/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2130 ROSE VISTA ROAD KINSTON ASSISTED LIVING KINSTON, NC 28504 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) (C 189) Continued From page 1 {C 189} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 4. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components fail to function as originally intended. Followup Findings on June 8, 2016: a. In the TV Room the corridor door, requires completed by 6-9-16 more than normal effect to open because the door had a split in its jamb allow the door the hit the floor. b. The bottom of the door is scraping the floor and cannot be easily closed. Interview and record review revealed a new special ordered door was installed 6-9-16.